



CITY OF LODI
COMMUNITY DEVELOPMENT DEPARTMENT
Building Inspection Division

PERMIT APPLICATION
Apartments
Commercial - Industrial

TITLE SHEET

1. Provide assessors parcel number, site address with tenant space number (if applicable) and legal property owner on the Title Sheet.
2. Provide detailed scope of work.
3. **A. PROJECTS REQUIRED BY STATE LAW TO BE PREPARED BY ENGINEER OR ARCHITECT:** All plans, specifications, reports and calculations shall be prepared by a licensed architect or registered civil or structural engineer. The final documents shall bear the seal and wet signature of said responsible person along with the license or registration number and expiration date on each sheet of drawings. Calculations, specifications, and reports may be so endorsed on the first page only on bound documents showing page number and total number of pages.

B. PROJECTS EXEMPT FROM REQUIREMENTS OF ENGINEER OR ARCHITECT TO PREPARE PLANS: Provide name of person responsible for the preparation of the plans. An ink signature is required on all instruments of service.
4. Show on the Title Sheet all buildings, structures, and adjacent occupancies that may affect the proposed construction. Any portion of the project shown on the Site Plan that is not included with the building permit application file should be clearly identified as “not included” on the Site Plan or Title Sheet.
5. Provide a building code data legend on the Title Sheet. Include the following code information for each building or areas proposed:
 - a. Description of use
 - b. Occupancy group(s)
 - c. Type of construction
 - d. Sprinklers (yes or no)
 - e. Stories
 - f. Floor area
 - g. Occupant load
6. Show on Title Sheet the Special Inspection requirements per CBC Sec. 1704A.
7. Provide the statement “this project shall comply with the 2007 California Building Code, 2007 California Energy Code, 2007 California Plumbing Code, 2007 California Mechanical Code and the 2007 California Electrical Code” on the Title Sheet.



CITY OF LODI
COMMUNITY DEVELOPMENT DEPARTMENT
Building Inspection Division

PERMIT APPLICATION
Apartments
Commercial - Industrial

A permit application **WILL NOT BE ACCEPTED** unless all of the following items are submitted or complied with:

- _____ 1. **PLAN REVIEW FEE:** To be paid at time of application.
- _____ 2. **PERMIT APPLICATION FORM (attached):** Filled out with all pertinent information and signed by the applicant.
- _____ 3. **COMPLETED HAZARDOUS MATERIALS DISCLOSURE SURVEY FORM (attached)**
- _____ 4. **COMPLETED WATER/WASTEWATER QUESTIONNAIRE**
- _____ 5. **SEVEN (7) COMPLETE SETS OF PLANS (Two (2) copies with WET SIGNATURES).**
 - _____ a. Title Sheet
 - _____ b. Architectural
 - _____ c. Structural
 - _____ d. Plumbing (Including gas, water, and sewer line sizing)
 - _____ e. Mechanical
 - _____ f. Electrical (Including load calculations and one-line diagram)
 - _____ g. Landscape
 - _____ h. Civil plot plan for sites requiring on-site hydrants, storm drain, sewer, water, etc. systems
 - _____ i. Fire Sprinkler plans to be submitted separately
- _____ 6. **SITE PLAN:** (Six (6) copies required), Site plan **SHALL BE** submitted on **8 1/2 by 11** inch paper. Indicate ALL existing and proposed structures on the lot with actual and/or proposed distance to all property lines.
- _____ 7. **ADDITIONAL SITE PLANS (Architectural and Civil):** (Three (3) copies required).
- _____ 8. **ADDITIONAL LANDSCAPE PLANS :** (One (1) copy required).
- _____ 9. **ENERGY CALCULATIONS:** (Two (2) copies required)
- _____ 10. **TRUSS PLANS, CALCULATIONS, AND LAYOUT:** (Two (2) copies required). Manufacturer's truss plans and calculations must be identified and cross-referenced to layout plan. Calculations shall have the engineer's stamp and include a wet signature of a California licensed engineer.
- _____ 11. **SOIL REPORT:** (Two (2) copies required)
- _____ 12. **JOB SPECIFICATIONS:** (One (1) copy required) (if applicable)
- _____ 13. **STRUCTURAL CALCULATIONS:** (Two (2) copies required). All engineering submittal documents shall have the appropriate stamp and include a wet signature of a California licensed engineer or architect.
- _____ 14. **SUB-CONTRACTOR INFORMATION LIST:** A List of all sub-contractors used, with address, phone number, state contractors license number, and city business license number is required prior to issuance of a permit.
- _____ 15. **Other:** _____

APPLICATION ACCEPTED BY: _____ **DATE:** _____



**CITY OF LODI
COMMUNITY DEVELOPMENT DEPARTMENT
221 WEST PINE STREET, LODI, CA 95240**

Plan Check Routing Instructions

Your plans will be accepted for plan review by the Building Inspection Division. The Building Inspection Division will distribute the plans to the appropriate City Departments.

Each Department will notify the project manager when their respective plan reviews have been completed and corrections are required and plans are ready to be picked up by applicant.

You, as the applicant, will be responsible to return a set of corrected plans along with the red lined plans back to the appropriate departments. The return of corrected plans and re-submittal(s) will be handled by each City Department.

Each City Department will return the “approved” plans to the Building Inspection Division.

It is very important to provide accurate information regarding your Project Manager. This person will be the contact for all departments.

The following department information is provided:

DEPARTMENT	ADDRESS	CONTACT	PHONE #	E-MAIL
Fire Department	25 E. Pine Street	Verne Person	(209) 333-6800 X6736	vperson@lodi.gov
Public Works Dept	221 W. Pine Street	Lyman Chang	(209) 333-6800 X2665	lchang@lodi.gov
Electric Utility Dept	1331 S. Ham Lane	Danielle Rogers	(209) 333-6800 X2418	
Planning Division	221 W. Pine Street	David Morimoto	(209) 333-6800 X2645	dmorimoto@lodi.gov
Community Improvement	221 W. Pine Street	Joseph Wood	(209) 333-6800 X2467	jwood@lodi.gov
Building Inspection Div.	221 W. Pine Street	Mike Mazur	(209) 333-6800 X2648	mmazur@lodi.gov



COMMUNITY DEVELOPMENT DEPARTMENT
Building Inspection Division
221 West Pine St./P.O. Box 3006, Lodi, CA 95241-1910
(209) 333-6714

Application for Building Permit

Applicant: Fill in all applicable areas; please print clearly.

Application Number: _____ Intake Person (office use only) _____

Applicant is: _____ Owner _____ Contractor _____ Architect/Designer _____ Other: _____

Project Identification:

APN: _____ Lot #: _____ Suite or Space #: _____

Job Address: _____ X-Street: _____

City: _____ State: _____ Zip: _____

Project Type (check appropriate item)

_____ Commercial _____ Residential

Permit Type(s) (check appropriate items)

_____ BLDG _____ MECH _____ PLUMB _____ ELEC _____ FIRE

Scope of Work _____

Valuation: \$ _____ Const. Type: _____ Occupancy: _____

Is Bldg. Sprinklered? _____ Yes _____ No Is Bldg. Conditioned? _____ Yes _____ No

Existing Use: _____ Proposed Use? _____

Existing/Proposed Well or Septic? _____ Yes _____ No # of Stories: _____ # of Units: _____

Comm. Sq. Ftg. Office: _____ Retail: _____ Warehouse: _____ Other: _____

Res. Sq. Ftg. Total Sq. Ftg. _____ Dwelling: _____ Gar: _____ # of cars _____ Patio/Porch: _____ Deck: _____

(Production Homes Only) Master Plan #: _____ Lic. # _____ Plan #: _____ Suffix: _____

Owner's Name, Address, Phone

Name _____ Home Phone: _____

Address _____ Bus. Phone: _____

City _____ State _____ Zip Code _____

Contractor's Name, Address, Phone & Contractor's Lic. #

Check Here if "Owner/Builder" Permit _____

Name _____ Home Phone: _____

Address _____ Bus. Phone: _____

City _____ State _____ Zip Code _____

License #: _____ License Classifications(s): _____

Architect _____ **Designer** _____ **Engineer** _____ **(please check one)**

Name _____ Phone: _____

Address _____ Bus. Phone: _____

City _____ State _____ Zip Code _____

Desired contact person: _____ Owner _____ Contractor _____ Architect/Designer

Contact Phone # () _____

Applicant Signature

Printed Name

Date

Licensed Contractor's Declaration

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class(es): _____

Contractor's License #: _____

Expiration Date: _____

Contractor _____

Owner-Builder Declaration

☐

I hereby affirm under penalty of perjury that I am exempt from the Contractor's State License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than \$500.

☐

I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code) The Contractor's State License Law does not apply to an owner of property who builds or improves thereon, and who does the work himself or herself or through his or her own employees, provided that the improvements are not intended or offered for sale. If however the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.).

☐

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a contractor(s) license pursuant to the Contractors' State License Law.).

☐

I am exempt under Sec. _____ of the B&P Code for this reason _____.

Date _____

Owner's Signature _____

Workers' Compensation Declaration

I hereby affirm under penalty of perjury one of the following declarations:

☐

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number can be provided upon request.

☐

I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date _____

Applicant's Signature _____

Construction Lending Agency

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

SAN JOAQUIN VALLEY UNIFIED AIR POLLUTION CONTROL DISTRICT
COMPLIANCE QUESTIONNAIRE
4800 ENTERPRISE WAY, MODESTO, CA 95356
(209) 557-6400 • FAX (209) 557-6475

ATTENTION: _____

FILE NUMBER: _____

TO BE FILLED OUT BY APPLICANT FOR NEW DEVELOPMENTS OR PROJECTS INVOLVING
DEMOLITION AND/OR RENOVATION AND SUBMITTED TO THE SJVAPCD OFFICE ABOVE

BUSINESS OR PROJECT NAME: _____

PROJECT SITE ADDRESS (if known): _____

CONTACT NAME: _____ PHONE#: _____ FAX#: _____

DEVELOPER: _____ PHONE#: _____ FAX#: _____

PLEASE CHECK THE APPROPRIATE BOXES:

NESHAP (Rule 4002- Building Demolition/Renovation)

1. Will any load bearing structure be removed?.....YES [] NO []
2. Amount of existing building material to be disturbed during this project:
- Greater than 260 linear feet.....YES [] NO []
- Greater than 160 square feet.....YES [] NO []
- Greater than 35 cubic feet.....YES [] NO []

Indirect Source Review (Rule 9510) (Rules available at www.valleyair.org)

3. Type of Space To Be Constructed (check all that apply) [] Commercial [] Residential [] Educational [] Light Industrial
[] Heavy Industrial [] Medical Office [] General Office [] Government [] Recreational [] Other/ Unidentified
4. Square Footage of Building(s) to be Constructed _____ ft²
5. Number of Residential Units to be Constructed _____

Regulation VIII (Rule 8021- Dust Control at Construction and other Earthmoving Sites)

6. Will 1 or more acres of land be disturbed as part of this project?.....YES [] NO []
7. Will 2500 cubic yards of material be excavated or relocated on any 3 days during the project?.....YES [] NO []

FOR SJVAPCD USE ONLY

[] Asbestos/ NESHAP requirements satisfied.

Comments _____

[] Regulation VIII (Dust Control) requirements satisfied.

Comments _____

[] Indirect Source Review requirements satisfied.

Comments _____

REVIEWED BY: _____

DATE: _____



COUNTY OF SAN JOAQUIN
OFFICE OF EMERGENCY SERVICES
ROOM 610, COURTHOUSE
222 EAST WEBER AVENUE
STOCKTON, CALIFORNIA 95202
TELEPHONE (209) 468-3962
HAZARDOUS MATERIALS DIVISION (209) 468-3969

RONALD L. BALDWIN
COORDINATOR

HAZARDOUS MATERIALS SURVEY FORM

Please read the information on the reverse side before completing this survey form. A separate survey for each business name and/or address in San Joaquin County is required.

Business Name: _____

Business Owner(s) Name: _____ Telephone: _____

Business Address: _____

Mailing Address (if different from above): _____

Nature of Business: _____ Fire District: _____

Q1. ☐ Yes ☐ No Does your business handle a hazardous material in any quantity at any one time in the year? See the definition of hazardous material on the back of this form. If your answer is "No," go to Question 4.

Q2. ☐ Yes ☐ No Does your business handle a hazardous material, or a mixture containing a hazardous material, in a quantity equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet at any one time in the year?

If "Yes," how long have you handled these materials at your business: _____

If "Yes," check any of the following conditions that applies to your business?

- ☐ A. The hazardous materials handled by this business is contained solely in a consumer product packaged for direct distribution to, and use by, the general public.
- ☐ B. This business is a health care facility (doctor, dentist, veterinary, etc.) and uses only medical gases.
- ☐ C. This business operates a farm for purposes of cultivating the soil, raising, or harvesting an agricultural or horticultural commodity

Q3. ☐ Yes ☐ No Does your business handle an Acutely Hazardous Material? See definition on reverse side of this form.

Q4. ☐ Yes ☐ No Is your business within 1,000 of the outer boundary of a school (grades K-12)?

I have read the information on this form and understand my requirements under Chapter 6.95 of the California Health and Safety Code. I understand that if I own a facility or property that is used by tenants, that it is my responsibility to notify the tenants of the requirements which must be met prior to issuance of a Certificate of Occupancy or beginning of operations. I declare under the penalty of perjury that the information provided on this disclosure survey is true and accurate to the best of my knowledge.

Owner or Authorized Agent:

X _____ Date _____
Print Name

X _____ Date _____
Signature

SAN JOAQUIN COUNTY HAZARDOUS MATERIALS PROGRAM

This survey form is intended to identify businesses which need to comply with the hazardous materials emergency planning and reporting requirements of Chapter 6.95 of the California Health and Safety Code. This statute requires businesses which handle hazardous materials to prepare emergency plans for their employees' use in an emergency. Businesses must submit a copy of this plan, along with an annual inventory of their hazardous materials, to public safety agencies for use in protecting emergency responders and the public. In San Joaquin County, the Office of Emergency Services (OES) has been designated to administer this program. Should you have any questions on this program or this form, please call that office at (209) 468-3969.

Please consider the following guidelines when completing the questions on the front of this form.

Question 1:

The law defines "**hazardous material**" for purposes of this program as any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the work place or the environment. This includes, but is not limited to fuels, petroleum products, paints, propane, oxygen, ammonia, chlorine, pesticides, fertilizers, and hazardous wastes. Answer "Yes" if you use a material that meets that definition in any quantity at least once in the year. If you are unsure, contact our office at (209) 4683969 for assistance. If you answer "No" and at a later date your business, or a tenant on your property, begins handling hazardous materials, you must inform the Office of Emergency Services within 30 days.

Question 2:

If you answer "Yes", you must meet the requirements of Chapter 6.95 of the California Health and Safety Code. Our office will be contacting you to provide assistance. These requirements must be met prior to issuance of a certificate of occupancy. If you answer "No", our office may conduct an inspection after you begin operations to verify your exemption.

The statutes establish some modified requirements or program exemptions for certain uses of hazardous materials. If you answered "Yes" to questions 1 and 2, determine whether your business meets one of the following conditions. Then mark the appropriate boxes on the front of this form. Our office will contact you to make a final determination of these exemptions.

- A. Retail Exemption - Products packaged for direct distribution to the general public are exempt from the program. This exemption may not apply if 1) the quantity handled creates an unacceptable public hazard, 2) the material is being used directly by the business as part of its operations in addition to being sold to the general public, or 3) the general public does not have ready access to the product as it is stored by the business, i.e., in a warehouse.
- B. Medical Exemption - Medical offices which use only oxygen and/or nitrous oxide in quantities less than 1,000 cubic feet are required to meet modified requirements.
- C. Farm Exemption - Farms, as defined in the question, must meet modified program requirements. The definition of farm in the law does not include businesses providing commercial pest control services, fertilizer application services, product processing services, or packing shed services for farmers. Farms qualifying for the exemption are still required to submit an annual chemical inventory and fee to the County Agricultural Commissioner's Department along with other requirements. Please contact the County Agricultural Commissioner's Department for further information. Businesses operating a commercial business in addition to a farm as defined must comply with the HMMP program for those materials associated with the commercial business.

Question 3:

The Federal and State governments have defined approximately 366 chemicals as "Acutely Hazardous Materials" (AHM). The most common "AHMs" used in the County include chlorine, ammonia, sulfuric acid, methyl bromide, acrolein, sulfur dioxide, formaldehyde, nitric acid, vinyl acetate monomer, hydrogen peroxide, and many types of pesticides. Answer "Yes" if you use any of these specific chemicals in any quantity at any one time of the year. Call our office if you are unsure for assistance.

Question 4:

Answer "Yes" if the boundary of your property or facility will be within 1,000 feet of the boundary of a school (K thru 12).



CITY OF LODI

PUBLIC WORKS DEPARTMENT

WATER/WASTEWATER BUILDING PERMIT QUESTIONNAIRES

To Non-Residential Applicants for a Building Permit,

In order to adequately meet your water and wastewater (sewer) needs and fairly calculate any appropriate charges we are requesting information on your business.

Per Lodi Municipal Code, 13.12.170, it is your responsibility to provide the City with a reasonable estimation of wastewater quantity and quality or other applicable units of measure.

Two separate water/wastewater questionnaires are attached. Fill out and return the one that fits your business most closely.

The Commercial Business questionnaire will cover most businesses which fall under one of the commercial categories listed on that questionnaire.

The Industrial/Commercial questionnaire is for businesses not covered under one of the commercial categories and uses water or discharges wastewater for more than normal bathroom uses for employees.

Some of the terms used on the questionnaire may be unfamiliar to you. The term employee means the total number of all classifications of employees that physically work at the site. See the reverse of this sheet for sample calculations including part time or temporary employees.

Please fill out the appropriate questionnaire completely and return to the address on side two. Your building permit cannot be issued until the questionnaire is returned and reviewed.

If you have questions or require assistance with the questionnaire, call the office of the Water/Wastewater Superintendent at (209) 333-6740.

City of Lodi
Public Works Department

DEFINITION AND EXAMPLES OF NUMBER OF EMPLOYEES

“EMPLOYEE” includes all employees: management, staff, union, non-union, part-time, temporary, etc.

The number of employees is based on “full-time employee equivalents”, which is the employee time equal to a full time (40 hours/week), year-round employee. Part-time and/or temporary employees only count for their portion of a year-round, full time employee. Please see examples below:

EXAMPLE #1: 20 full time (year round) employees, and
 4 part-time employees working 30 hours a week:

Part time/temporary Calculation: 30 hours/40 hours = 3/4 = 0.75

Full Time Employees	Temporary Employees	Equivalent full Time Employees
20	-	20
-	4 x 0.75	3
TOTAL		23

EXAMPLE #2: 30 full time (year round) employees, and
 80 part-time employees working 6 months per year, and
 150 part-time employees working 3 months per year:

Part time/temporary Calculation: 6 months/12 months = 1/2 = 0.50

Part time/temporary Calculation: 3 months/12 months = 1/4 = 0.25

Full Time Employees	Temporary Employees	Equivalent full Time Employees
30	-	30
-	80 x 0.5	40
-	150 x 0.25	37.5
TOTAL		107.5

EXAMPLE #1: 20 full time (year round) employees, and
 22 part-time employees working 20 hours a week for three months per year

Part time/temporary Calculation: 20 hours/40 hours = 1/2 = 0.50

Part time/temporary Calculation: 3 months/12 months = 1/4 = 0.25

Full Time Employees	Temporary Employees	Equivalent full Time Employees
20	-	20
-	22 x 0.50 x 0.25	2.75
TOTAL		22.75

If you have any questions regarding employee calculations, contact the office of the Water/Wastewater Superintendent at 333-6740



CITY OF LODI

PUBLIC WORKS DEPARTMENT

COMMERCIAL WATER/WASTEWATER QUESTIONNAIRE

This questionnaire is for businesses which use and discharge water only from normal employee restroom uses and/or the business type is listed in one of the commercial categories below. Attach additional sheets if needed.

Type or print clearly.

Name of proposed business: _____

Proposed address of _____

Lodi operation: _____

Present address of business _____

or home office: _____

Person to contact about questionnaire: _____

Phone: () _____ or () _____ FAX () _____

GENERAL INFORMATION

Which category number(s) below best describes your business? _____

<u>User Description</u>	<u>Unit of Measure</u>		
1. Meeting place, religious	seating capacity*	19. Laundry, coin-op., reg. mach.	machines
2. Meeting place, public	seating capacity*	20. Laundry, coin op., big mach.	machines
3. Hotel, motel without kitchenettes	beds	21. Dry cleaning	employees
4. Hotel, motel with kitchenettes	each unit	22. Dentist's office	employees
5. Veterinary clinic	employees	23. Office, store, warehouse, manufacturer (dry), Doctor's, Chiropractor's and X-ray offices	employees
6. Post office	employees		
7. Funeral parlor	employees	24. Grocery Store, Supermarket (Having veg/fruit or butcher/meat sections)	employees
8. Service station with service garages	pumps	25. Bar	seating capacity*
9. Service station without service garages	pumps	26. Barber, beauty shop	workstations
10. Car wash, automatic bay	per bay	27. Hospital, convalescent home	beds
11. Car wash, self serve bays	per bay	28. Rest and retirement home	beds
12. School, 8th grade and below	students	29. Mobile home park	pads
13. High school	students	30. RV dump station	stations
14. Eating place, seating only	seating capacity*	*If seating capacity is unknown submit the area (in square feet) of the seating area (restaurants) or hall/pew area.	
15. Eating place, seating and take-out.	seating capacity*		
16. Eating place, "pizza parlor"	seating capacity*		
17. Eating place, take-out only	employees		
18. Lunch truck business	employees		

Give a brief description of how your proposed business may differ from the typical business in the category(s) indicated.

Commercial Business Questionnaire

Side 2

1. Total number of employees:

Existing employees (expansions only) _____ Initial employees (or after expansion) _____

Ultimate employees _____ (by approximately month _____, 19____)

2. For categories which list **units of measure other than employees (i.e. seating capacity, beds, etc.) list the initial and ultimate numbers for the units of measure. Unit of measure (from side one): _____**

Existing (expansions only) _____ Initial (or after expansion) _____

Ultimate _____ by (approximately month _____, 19____)

Other Information:

3. Will there be or is there handling of chemicals or toxic substances? (not incl. packaged items to be sold)

Yes _____ No _____ if yes, please list. (attach MSDS sheets if available)

4. Any special **water needs or circumstances? (i.e. temperature, booster pump, minimum water pressure, etc.)**

Yes _____ No _____ if yes, explain _____

5. Any special **wastewater (sewer) discharge needs or circumstances? (i.e. batch dumping, organics, grease)**

Yes _____ No _____ if yes, explain _____

6. Any special **storm drain needs or circumstances? (i.e. washdowns, potential spills)**

Yes _____ No _____ if yes, explain _____

I attest that the information given is correct to the best of my knowledge.

Signed: _____ Date _____

Type or print name and title: _____

Return to: Lodi City Hall, Building Inspection
221 West Pine Street, Lodi, CA 95240

For questions call:
Water/Wastewater Office (209) 333-6740

revised 2/11/94



CITY OF LODI

PUBLIC WORKS DEPARTMENT

INDUSTRIAL WATER/WASTEWATER QUESTIONNAIRE

This questionnaire is for businesses which use and/or discharge water other than normal restroom uses by the employees **and** is not covered by any of the commercial categories listed on the Commercial Questionnaire. Attach additional sheets if needed.

Please type or print clearly.

Name of proposed business: _____

Proposed address of Lodi operation: _____

Present address of business or home office: _____

Person(s) to contact about questionnaire: _____

Phone: () _____ or () _____ FAX () _____

GENERAL INFORMATION

Type of operation(s), i.e. cannery, manufacturing (wet process), bakery, commercial laundry:

Total number of employees:

Existing(expansions only) _____ Initial(or after expansion) _____ Ultimate _____ (by _____, 19____)

Hours of operation per day _____ Number of shifts _____ Days per week _____

Any seasonal variations in operations? Yes _____ No _____ if yes, explain _____

Name of firm(s) in other city(s) where you operate a similar business. Name(s): _____

Address: _____

WATER NEEDS:

Number of water services required? _____ Size(s) _____

(Include and indicate fire services)

Continued on side two.

Industrial/Commercial Business Questionnaire

Side 2

Estimated peak water requirements (in gallons per minute): _____

Estimated annual water requirements (gallons per year): _____

Will there be or is there handling of chemicals or toxic substances? (not including packaged items to be sold)

Yes _____ No _____ if yes, please list. (attach MSDS sheets if available) _____

Other special water needs or circumstances? (i.e. temperature, booster pump, minimum water pressure, etc.)

Yes _____ No _____ if yes, explain _____

WASTEWATER (SEWER) NEEDS

Estimated peak daily discharge (in gallons per day): _____

Estimated annual wastewater discharge (in gallons per year): _____

Estimated strength (concentration) of discharge of Biochemical Oxygen Demand (BOD) and Total Suspended Solids (TSS) in milligrams per liter (mg/L or parts per million), if known:

BOD _____ mg/L

TSS _____ mg/L

What kinds of materials may be discharged into the sewer other than normal restroom wastes? (i.e. heavy metals, oil or grease, sand or inert materials, pH above 8.5 or below 6.5, organics, solvents, boiler or cooling chemicals, high temperature, high suspended or dissolved solids, etc.)

Other wastewater discharge needs or circumstances? (i.e. cooling water, sump pumps, batch discharges, etc.)

Yes _____ No _____ if yes, explain _____

STORM DRAINAGE NEEDS

Any special storm system needs or circumstances? (i.e. washdowns, potential spills) Yes _____ No _____, if yes, explain:

I attest that the information given is correct to the best of my knowledge.

Signed: _____ Date _____

Type or print name and title: _____

Return to: Lodi City Hall, Building Inspection
221 West Pine Street, Lodi, CA 95240

For questions call:
Water/Wastewater Office (209) 333-6740

Revised 2/11/94

CITY OF LODI - COMMUNITY DEVELOPMENT DEPARTMENT - Building Inspection Division

CALIFORNIA STATE CONTRACTORS LICENSE - JOB CLASSIFICATION (CLASS)

[illegible]